

2018 Sunsational Discovery Camp Registration Form

Child's Name _____

Age _____ Birth date _____ Grade entering in Fall 2018: _____

ENROLLMENT

Please check the full day, half day morning or half day afternoon option for each week of camp child is attending.

Week	Date	Full Day (7 am – 6 pm) <input type="checkbox"/>	Half Day Morning (7 am – 1 pm) <input type="checkbox"/>	Half Day Afternoon (12 noon – 6 pm) <input type="checkbox"/>
1	June 4 - 8			
2	June 11 - 15			
3	June 18 - 22			
4	June 25 - 29			
XXX	JULY 2 - 6	NO CAMP	NO CAMP	NO CAMP
5	July 9 - 13			
6	July 16 - 20			
7	July 23 - 27			
8	July 30 – August 3			

Mother's Name _____
 Mailing Address _____ City/St/Zip _____
 Residence Address (if different than mailing) _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Employer _____ Email Address _____

Father's Name _____
 Mailing Address _____ City/St/Zip _____
 Residence Address (if different than mailing) _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Employer _____ Email Address _____

Emergency Contacts and Persons Authorized to Pick Up Your Child (must be at least 18 years of age):
If parent cannot be reached, who can pick up or take responsibility for your child? Local contacts only, please.

Name _____ Relationship _____
 Home Phone _____ Work Phone _____
 Cell Phone _____

Name _____ Relationship _____
 Home Phone _____ Work Phone _____
 Cell Phone _____

Child's Name: _____

May we give your child acetaminophen (Tylenol) for fever 100.2 or greater? Yes ___ No ___

List any health restrictions or special needs (allergies, vision, hearing, etc).

Is child on any regular medication? Yes ___ No ___ Name of medication _____

Will this medication need to be given during our program hours? Yes _____ No _____
(If yes, medication administration paperwork will need to be completed)

NAME OF MEDICATION	EXACT DOSAGE	INTERVALS
_____	_____	_____

Any condition present that might result in a medical emergency?

Any comments which will help us to better understand your child?

CONSENT TO TREAT A MINOR

Family Doctor _____ Telephone _____
Hospital Preference _____ City _____

In case of accident or serious illness, I request a school district employee contact me. I hereby authorize school personnel to call EMS to receive emergency treatment deemed necessary. This procedure is to be carried out in any instance of injury or severe illness wherein school authorities feel that my child's condition warrants such action. Further, I agree to assume the cost of such emergency care both to the receiving hospital, attending physician and EMS services.

Signature _____ Date _____
(Parent/Legal Guardian)

PARENT/GUARDIAN AGREEMENTS (please initial for acknowledgement)

_____ I agree to comply with all policies in the Information Guide.

_____ I grant permission to use photographs taken of my child for promotional purposes in the local newspaper, the school district convocation, and the school district website. Names will not be published with the photographs. Yes ___ No ___

_____ I grant permission for the Sunsational Discovery Camp to transport my child for field trips or special activities away from the site, with prior notification. Yes ___ No ___

_____ I understand the Sunsational Discovery Summer Camp is a voluntary program and excessive discipline incidences may be cause for suspension and/or termination of services.

_____ Daily absences will not result in a credit or refund. Refund for withdrawals will be handled on an individual basis.

_____ Open swim time is available to those students who can swim. My child knows how to swim and has permission to attend open swim with the camp program. Yes ___ No ___
If you checked yes, which area of pool may the child swim in: Shallow end ___ Deep end ___